



# Big Flats Summer T.A.F.F.Y.

## Registration Form

### Park Sites:

- ♦ Big Flats Elementary School
- ♦ Community Park
- ♦ Hillview Park
- ♦ Maple Shade Park
- ♦ Pine Circle Park
- ♦ Reynolds Park

**Park Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Participant Information: (one form per child)**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age at Start of TAFFY:** \_\_\_\_\_ **Male / Female**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address :** \_\_\_\_\_  
\_\_\_\_\_

### **Parent/Guardian Information:**

\* **Name** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

\* **Name** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

### **Emergency Contact Information:**

(List someone other than the parent/guardian capable of picking your child up at the park in the event of an emergency.)

\* **Name** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

\* Please indicate which number should be called first.

### **Additional Information:**

I give my permission to photograph my child during the program activities, for newspaper, television releases, and educational publications. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ (please initial one)

**Parent/Guardian Signature:** \_\_\_\_\_

## **RETURN IN PERSON TO:**

***Town of Big Flats Youth Department  
BIG FLATS COMMUNITY CENTER***

**\*\*\* ONLY COMPLETE registrations will be accepted.**

**\*\*\* A COMPLETED Health History is required for each child. (see next page)**